

City of Chilton  
Chilton City Clerk  
42 School St.  
Chilton, WI 53014  
Phone: (920)849-2451

## DIRECT SELLERS APPLICATION

FEE: \$20.00 (Non-Refundable)

RECEIPT: \_\_\_\_\_

1. Name \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Temporary address, if any \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_

Color of Eyes \_\_\_\_\_

3. Person, firm, association or corporation that the direct seller represents or is employed by or whose merchandise is being sold.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

4. Temporary address and telephone number from which business will be conducted if any:

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

5. List nature of business to be conducted and a brief description of the goods offered and any services offered.

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6. State proposed method of delivery of goods if applicable.

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## DIRECT SELLERS APPLICATION

7. Vehicle used by applicant in the conduct of his/her business:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Number: \_\_\_\_\_ Color: \_\_\_\_\_

8. List last three cities, villages or towns, including State, where applicant conducted similar business.

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

9. List place where applicant can be contacted for at least seven days after leaving this City.

\_\_\_\_\_  
\_\_\_\_\_

10. Has applicant been convicted of a felony, crime or ordinance violation related to applicants transient merchant business within the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

10a. Convicted of a misdemeanor within the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

List nature of offense: \_\_\_\_\_

Place of conviction (Name of Court) \_\_\_\_\_ Date: \_\_\_\_\_

11.

a. Drivers license \_\_\_\_\_

(\*\* Copy of Current Valid Driver's License must be attached.)

b. If applicant's business requires use of weighing and measuring devices approved by State authorities, submit the following information:

State certificate number, etc. \_\_\_\_\_

c. If applicant's business involves handling of food or clothing and is required to be certified under state law, show certificate and list date and number of certificate:

\_\_\_\_\_

## DIRECT SELLERS APPLICATION

I understand that Wis. Stat. §943.201 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.  
(This applies to both employee and employer agent.)

Dated: \_\_\_\_\_  
(Applicant)

This application expires 12/31 of the current year.

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The above application has been checked and the application is

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Dated: \_\_\_\_\_  
(Chief of Police)